

I-FW

Please type a plus sign (+) inside this box →

AUG 02 2005

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# CORRESPONDENCE ADDRESS INDICATION FORM

**Address to:**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Direct all correspondence to:

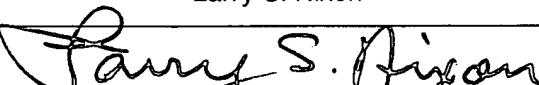
 **Customer Number:** **23117**

 Place Customer  
Number Bar  
Label Here →
**OR**

Type Customer Number here

 Request for Customer Number (PTO/SB/125) submitted herewith.
**in the following listed application(s) or patent(s):**

Patent Number (if appropriate)	Application Number	Patent Date (if appropriate)	U.S. Filing Date
	09/787,197		March 15, 2001

Typed or Printed Name	Larry S. Nixon	(check one)
Signature		<input type="checkbox"/> Applicant or Patentee
Date	August 2, 2005	<input type="checkbox"/> Assignee of record of the entire interest. Statement under 37 C.F.R. § 3.73(b) is enclosed. (Form PTO/SB/96)
Address of signer:	901 North Glebe Road, 11th Floor Arlington, VA 22203	<input checked="" type="checkbox"/> Attorney or Agent of record <hr/> 25,640 (Reg. No.)

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.\*

\*Total of **1** forms are submitted.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS: SEND TO: Assistant Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.